

Letter from the Editor - April 1996

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Many thanks to members and nonmember readers of the Journal who sent in these Letters to the Editor.

Since our publication of the Special Issue on Death and Dying (December 1996), I continue to receive concerned letters. Never in the 56-year history of our Journal have we received so many letters on one subject. Please do continue to send those letter on D.A.D.D.-Doctor-Assisted Death with Dignity. All letters will be published with the approval of the writer - anonymously if you wish.

As A.A. "Bud" Smyser, a valuable member of our Governor's Blue-Ribbon Panel on Living and Dying with Dignity, stated in his "Hawaii World" (*Honolulu Star-Bulletin*, March 6, 1997): "I hope we and the community can retain our civility as we debate."

April is Donor Family Decision Month

April is "*Donor Family Decision Month*" in Hawaii proclaimed by Governor Ben Cayetano on March 25.

The Organ Donor Center of Hawaii wants to encourage families to discuss the option of organ, tissue and eye donation amongst themselves, and then to decide what their future actions will be and to make that commitment during the month of April.

Elliot I. Alvarado, the Executive Director of the Organ Center of Hawaii has submitted the following article for our Journal. His wife Peggy Strieper MD is a pediatric cardiologist.

Every physician should read his article and participate personally and with family members and promote the Organ Donor Center via our offices. Call the center at 599-7630 for information.

Congratulations on publishing an excellent *HMJ* on issues of Death and Dying. There are many issues that do not have right or wrong answers (my opinion). My position is to offer medication to control pain, even if it increases the risk of lethal side effects.

I have problems with passing a law to assist patient suicide. I am not concerned about the ethical doctor, the ethical patient and the patient's ethical family. I am concerned when any in the above group are "slipshod" and only wish to resolve their personal problem immediately.

For example, my mother had a stroke at age 91 years. For months, it appeared the end was imminent for her. She is now nearly completely recovered, and at age 95 is still coherent and enjoys her friends.

Carl W. Lehman MD

Regardless of how warmly and fuzzily doctor-assisted suicide is clothed by its proponents, it is still murder and against every ethical and moral component of physician training (not to mention the commandment of our Maker).

I am constantly amazed that physicians who can assist in child-birth and the saving of human life, can support the killing of that same human being in later years. It will be a sad day in medicine if doctors are looked on as killers (I'll not mince words) rather than healers.

William F. Moore, Jr. MD

I was pleased to read in the *Hawaii Medical Journal* about the Blue Ribbon Panel to study the issue of Death with Dignity. The special edition of the Journal which you edited on Death with Dignity was a great contribution. Congratulations on an outstanding job! It is unfortunate the AMA has taken such a reactionary stance. Hopefully, Hawaii can eventually move ahead with legislation that will address this issue.

Byron A. Eliashof MD

I would like to congratulate you on the excellent Death and Dying issue of the *Hawaii Medical Journal*. It is about time that the medical profession begin to talk honestly about this subject. Good doctors have quietly helped suffering patients end their lives to relieve suffering since the beginning of our profession. The pronouncements of the American Medical Association on this issue are essentially political. Keep up the good work. Thanks to the Hemlock Society Ad in the *Journal*, I have been able to make contact with the Hawaii organization.

William B. Wenner MD



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fibers of the brain. The loss of brain functions creates a long ghoulis existence entirely dependent on the continuous administrations of others (a nursing home gold mine). It is called senile dementia and is the certain fate of everyone who lives long enough.

If the present, common, and really criminal practice of life support to and withholding physical death for years from the spiritually dead continues, they may reach a number high enough to compose an American version of the Nazi holocaust. Its theme being horrid living instead of brutal slaughter. It could supplant the Nazi debacle as history's biggest and worst crime.

Euthanasia must be legalized and again become standard medical practice. Give man the break he gives his beloved pets."

Editor's Comment:

The above letter was submitted to the Editor of the Honolulu Star-Bulletin by Paul W. Gebauer MD. A shortened version was published on February 12, 1997.

Dr Gebauer was kind enough to forward his entire letter to me and appears above. He continues his comments in his letter to me:

Thank you for the *Journal* (December 1996 Special issue), I feel the day will come when there are 10 million spiritually dead housed in American nursing homes, kept alive with tube feedings etc., at a cost of more than a billion dollars a day and causing even more broken hearts and pocketbooks. Public outcry will then force new legislation that says, "If he won't swallow, don't feed him."

Paul W. Gebauer MD

The initial *Hawaii Medical Journal* issue on Death and Dying, though weighted in favor of assisted suicide/euthanasia, at least gave some semblance of presenting the other side, presumably to engender real and open discussion. The present second *Journal* issue on the subject makes no attempt-to-provide a balanced discussion, and, in fact, contains what I believe to be a rather inflammatory article ("Voluntary Euthanasia in the North Territory - Australia") which appears to demean and belittle those who oppose assisted suicide by suggesting that opponents must be religious zealots or else lacking in compassion.

There is one paragraph in Dr Russell T. Stodd's "Weathervane" which does support the "slippery-slope" argument so disparaged by doctor assisted suicide advocates. Unfortunately, there is no reference to this paragraph to indicate that there is a contrary viewpoint.

The *Hawaii Medical Journal* is published under the auspices of the Hawaii Medical Association. Most of organized medicine is opposed

to doctor assisted suicide. I believe it is a disservice to those who would like a fair and impartial presentation of this very emotionally charged and ethically important subject to be so heavily weighted with the views of the Hemlock Society, and others who advocate doctor assisted suicide.

That being said, I thank you for providing the leadership and devoting the time and effort to publish the *Hawaii Medical Journal*.

Ann B. Catts MD

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Federal Foolishness and Marijuana

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that such a change in policy would have no adverse effects. The argument that it would be a signal to the young that "marijuana is OK" is, I believe, specious.

This proposal is not new. IN 1986, after years of legal wrangling, the Drug Enforcement Administration (DEA) held extensive hearings on the transfer of marijuana to Schedule 2. In 1988, the DEA's own administrative-law judge concluded, "It would be unreasonable, arbitrary, and capricious for DEA to continue to stand between those sufferers and the benefits of this substance in light of the evidence in this record."¹ Nonetheless, the DEA overruled the judge's order to transfer marijuana to Schedule 2, and in 1992 it issued a final rejection of all requests for reclassification.²

Some physicians will have the courage to challenge the continued proscription of marijuana for the sick. Eventually, their actions will force the courts to adjudicate between the right of those at death's door and the absolute power of bureaucrats whose decisions are based more on reflexive ideology and political correctness than on compassion.

References

1. Young F.L. Opinion and recommended ruling, marijuana rescheduling petition. Department of Justice, Drug Enforcement Administration, Docket 86-22. Washington, D.C.: Drug Enforcement Administration, September 6, 1988.
2. Department of Justice, Drug Enforcement Administration, Marijuana scheduling petition: denial of petition: remand. (Docket No. 86-22) Fed Regist 1992;57(59):10489-508.

Editor's Note: The Doctor's Dilemma

Compassion, as defined in the dictionary, is the feeling of "sorrow for the distress of another, with the desire to help." Indeed, it is this feeling of compassion that unifies us as physicians, and that motivates us to continue to practice the art of medicine day by day.

The understanding that medicine is not strictly scientific intercourse, but an art form as well, has permitted us as physicians to use our best judgement in the care of patients when faced with a dilemma.

In recent years, governmental constraints have posed a different type of dilemma before our medical community—one with far-reaching horns capable of mortally wounding our nation's strong medical profession, and by extrapolation, our patients. Today's two-pronged conundrum is this: can we continue to treat patients with compassion and best judgement while still remaining in compliance with new law?

Letters to the Editor

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I have always had the utmost respect for your causes and crusades. I have followed and praised your work for historic preservation and avoidance of sun radiation. I am, therefore, saddened by your support and crusade for physician assisted suicide.

Physicians and healers. Tradition has banned assisted suicide since the time of Hippocrates. Physician assisted suicide is a slippery slope, very slippery. I fear what it will lead to. I believe that we, the profession, can do a much better job in relieving the pain

and suffering of the dying patient. I hope to work toward an improvement in physician skills in this area.

I was moved to write this after getting a consult letter from you with Hemlock Society info inserted. I cannot support you on this one, in fact I'll fight you every inch of the way.

John H. Houk MD

I noted with interest that in your 1/97 editorial of the HMJ the Blue/Black Ribbon panel had an absence of physicians who are on the front lines of decision making such as pediatric surgeons, trauma surgeons, oncologists, oncologic surgeons, neo-

natologists, intensivists, etc.

These are the ones who interface with the public and are intimately involved with pulling or not "pulling the plug" (also transplant surgeons).

I, and I'm sure other of similar stripe, would be willing to serve.

Walter K.T. Shim MD



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